DOCUMENT RESUME

ED 249 685 EC 170 483

AUTHOR Hawkins-Shepard, Charlotte, Ed.
TITLE Special Needs of Persons with Handicaps: A Guidebook for Church Leaders.
INSTITUTION Episcopal Awareness Center on Handicaps (E.A.C.H.), Inc., Burke, VA.
PUB DATE 84
NOTE 21p.
AVAILABLE FROM E.A.C.H., Inc., 9350 Braddock Rd., Burke, VA 22015 ($1.50 each; $1.00 each, quantity discount).
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Accessibility (for Disabled); *Churches; *Church Responsibility; Design Requirements; *Disabilities

ABSTRACT

Written during the International Religious Year of Persons with Disabilities, 1983, three papers address ways in which places of worship can become accessible for persons with disabilities. Wallace K. Babington presents a question and answer format in "Responding to the Needs of Persons with Handicaps." The article emphasizes the need to include the handicapped person (adult or child) in the ongoing life of the church community. Diane H. Huddle follows with "What Disabled Persons and Their Families Wished Their Clergy Knew," in which she focuses on attitudes and counseling approaches. Bruce O. Boston, in "Access for Persons with Handicaps," concludes the booklet with an examination of such facility and design needs as sensory aids, space for wheelchair seating, accessible (and specially fitted) restrooms, and lighting. (CL)

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A GUIDEBOOK FOR CHURCH LEADERS

EC170483

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COST: $1.50

Cover: A ramp at Trinity Episcopal Church in Ambler, Pennsylvania allows building access on the part of persons with physical handicaps.

SPECIAL NEEDS OF PERSONS WITH HANDICAPS

A GUIDEBOOK FOR CHURCH LEADERS

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Burke, Virginia

1984

ACKNOWLEDGMENTS

The material in this booklet was prepared by three professionals who served as consultants to the Episcopal Awareness Center on Handicaps during 1983. Special thanks are extended to them, and to the following persons who engaged in critical review of the sections throughout various stages of the manuscript's development.

Mr. Lloyd Addington
The Rev. Nancy Chaffee
The Rt. Rev. Robert B. Hall
The Very Rev. David C. Jones
Ms. Leila Martin
Ms. Jo Ann Miller
The Rev. Ben Sanders
Mr. George Schieffelin
Dr. William Schipper
Mr. Richard Smith
Ms. Lea Tilbury

Technical assistance for this booklet was contributed by Gallaudet College Press; design and production services were provided by Judith Bair.

Printing was supplied by Community Leadership and Development (C.L.A.D.), Episcopal Church Center, New York, N.Y.

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INTRODUCTION

The writing for this booklet was done during 1983, "The International Religious Year of Persons with Disabilities." In ecumenical perspective, a number of national and international religious groups developed publications and programs with the goal of helping places of worship become accessible for persons with disabilities. Our concept of accessibility includes not only architecture, but also awareness, communication, and attitudes. It is the hope of the Episcopal Awareness Center on Handicaps (E.A.C.H.) that this booklet will help clergy and other church leaders be aware of the special needs of handicapped persons, so that "each" individual, no matter what his or her special problems, can be included in all that we do.

Charlotte Hawkins-Shepard

RESPONDING TO THE NEEDS OF PERSONS WITH HANDICAPS

Wallace K. Babington

A new minority—the handicapped—has emerged in every community and is now facing those who provide services in the community. This term embraces a wide array of disabilities, problems, and issues and includes all races, ages, and economic levels. Handicapped persons have raised their voices asking that their isolation be ended and that they be served by those agencies providing essential support to the community. The church is not excluded from those pleas. The church, serving as it does as the core and focal point for so much of what is provided for those in need, must be responsive to that request. Handicapped persons, for the most part, simply need to be included in the ongoing life of the church community; accommodations can be made to assure that inclusion. In some instances there are unique needs and requirements. But however the response is made to the requests of handicapped persons, it must be an affirmative response that welcomes and nurtures the disabled population as a natural and vital part of the church's life.

What are some of the questions and issues involved in this challenging undertaking?

We have no handicapped persons in our church. Why should this area be of concern to us?

It is very likely that there are indeed handicapped persons in the church community who have not identified themselves because the church has been inaccessible to them. If handicapped persons are not currently identified as members of the church, there is a good chance that the church's extended family and potential membership do include them. The vast numbers of disabled persons almost ensure this.

How widespread is the disability problem?

It is estimated that there are approximately 35 million handicapped persons in the United States. This includes all disabilities (e.g., physical impairment, mental deficiency, blindness, deafness) and all ages. Every person who is handicapped belongs to that vulnerable population to whom the church is important. Add to this the fact that the majority of the handicapped population falls into the categories of children or aged, thus creating a double vulnerability.

Aren't the needs of handicapped persons being met by new federal laws and regulations?

Laws of government at all levels are providing new access, rights, and guarantees for handicapped persons. More and more the disabled population is being accepted into the mainstream of American life. However, these laws do not really touch the life of the church. The unique services offered by the church community—spiritual nurture, a sense of belonging, a wholeness and a oneness with God, and a fellowship of true believers—will never be ensured by statute. The separation of church and state is indeed in effect here; only the church can meet the spiritual needs of handicapped persons.

With the many competing priorities facing the church, how can we expect to be responsive to this challenge?

There will always be more to do than the church can possibly accomplish. However, among the many issues and challenges facing the church today, none have recieved more attention, promotion, or acceptance than those related to the handicapped population. Within the past few years we have seen the convening of a White House Conference on the Handicapped, an International Year for Disabled Persons, an International Religious Year of Persons with Disabilities, the attention of the United Nations, as well as the enactment of laws that emanate from the highest reaches of our national government. In addition to these supporting factors, the attention of media has provided a strong support structure and has helped prepare the way for all of us to become agents of change.

OK! I've decided to jump in. What do I do now?

You are not alone. Many have gone before you trying to open doors for handicapped persons so they might participate fully in the life of the church—both the physical doors of the sanctuary and the doors to the hearts and minds of our congregations. Essentially we are talking about removing two types of barriers: physical barriers that prohibit handicapped people from getting into the church buildings and using the church facilities to the fullest extent, and attitudinal barriers that have grown up around disabled persons and may be deeply ingrained in our church families. We are also talking about making the printed word available to blind persons and the spoken word interpreted for deaf persons. The first step is to find out who the handicapped persons are in your community and then develop a plan to reach, include, and serve them. There are many resources available to you that will provide assistance in making the church fully accessible to the disabled population. (See inside back cover for a list of key publications and organizations.)

A child with Down's Syndrome can participate in the regular religious education class with the help of a trained volunteer.

WHAT DISABLED PERSONS AND THEIR FAMILIES WISHED THEIR CLERGY KNEW

Diane H. Huddle

To see people as they really are, not as they appear to be, is a challenge. Often we decide what people are like on the basis of superficialities before we get to know them. If we could discard our preconceptions, probably no group would benefit more than disabled persons. Even though attitudes have been changing, disabled people are still portrayed according to two main stereotypes: the poor, pathetic creature and the courageous hero struggling against all odds. Neither is accurate for the majority of disabled people. Disability is only one characteristic among many. What is most important is to see the whole person first, then the disability. We should not allow the part to define the whole.

People with disabilities, as well as those around them, have highly personal reactions to their disability, based on their histories and psychological makeups, and how successful they are at adjusting to the world. No one chooses to be disabled, nor does disability change other facts about those who are. They dream the same dreams as the rest of us and must face the same problems. Issues that are affected by the sheer fact of a disability, such as career choice, social life, or recreational possibilities, are often complicated more by the attitudes people bring to the disability than by the disability itself.

When Christ was confronted by people with disabilities, He was able to heal them in body, mind, and spirit. He showed compassion not only for them, but also for their families—often their only advocates—who brought them to His attention. As God shapes us to the fullness of the humanity we see in Christ, we must confront disability and examine our attitudes about suffering and those who suffer. Becoming an

expert on a particular disability is not the answer. Openness to learning and a willingness to "bear one another's burdens in love" offer people with disabilities what each of us needs, being cared about and understood.

What is a disability?

A disability is any impairment that substantially limits a person's ability to carry out a major activity. Disabilities may be obvious, such as a spinal cord injury that keeps a Vietnam veteran in a wheelchair. Or they may be hidden, such as the learning disability that hinders one's ability to read. Many people with disabilities do not consider themselves "handicapped"; they have made adaptations that have enabled them to manage their lives successfully.

Disabilities also tend to fall into broad groups: those that are stable (e.g., mental retardation), those that are generally progressive (e.g., multiple sclerosis), and those that are regressive (e.g., many strokes and head injuries). Disabilities can also be grouped according to the age at which they generally occur. Those experiencing a disability before the age of 18 are considered "developmentally disabled;" all others are said to have "acquired disabilities."

How prevalent is disability?

An estimated 80 percent of the general population will have a disability at some point in their lives. Currently, one of every seven persons is considered disabled. The most common disabilities are heart disease and hearing loss. Only about 10 percent of disabled people use wheelchairs. Ironically, the incidence of disability is expected to increase as medical and surgical advances enable us to prolong life following chronic illness or trauma. And, as life expectancy increases and senior citizens comprise a larger proportion of the population (today some 27 million people are over 65; by 2010 it will be 39 million), a larger proportion of the population will be disabled.

What common problems do people with disabilities share?

Those with disabilities are often excluded because of others' attitudes toward the disability, rather than included because they have a special contribution to make. Unemployment is five times higher in the disabled population

than in the general population, and an estimated 60 percent of disabled people live at or below the poverty level. Marginal incomes increase the likelihood of social isolation among adults, isolation that often leads to alcohol abuse and increased illness. Children with disabilities are still ridiculed in schools at times. Many of these children are bused great distances to attend "special programs," thus keeping them from making friends in their own neighborhoods.

In many cases the outcome of a traumatic injury, such as a head injury, or the long term effect of a disability is not immediately known. Proper medical, rehabilitative, and phychosocial services can be hard to find, leaving families to cope with their problems alone.

Maintaining a positive self-image is often difficult for disabled persons, especially in cases of rejection by those whose love the person seeks. With some disabilities such as blindness, the individual must work extra hard to adapt the environment to support daily routines. Others may tire more easily or be separated from important activities by architectural barriers. Many disabled people feel that they must make others comfortable with their disabilities, which places not only an unfair burden on them as individuals, but also on new relationships.

How can I overcome my uneasiness around disabled people?

Mother Theresa once cared for a man so consumed by disease that he exuded a terribly bad odor. The man said to her, "I am sorry that you must smell this disease I cannot help." She replied that the smell was nothing compared to the pain the man was feeling. Often the discomfort or fear we feel around disabled people stems from our own fears of becoming disabled. It helps to look beyond the disability to see the real person inside. Who is this person who is held captive by the disability? What is this person's story? How can we participate in it? Once we get past the uneasiness, we may find that the person has much to teach us about what it means to be human. Think of the personal things about which you are most sensitive. Are you not much more than the sum of these things? The Golden Rule was never more appropriate, nor the injunction to treat "the

least of these" as if they were Christ, than among people who are disabled. Perhaps we feel uncomfortable around suffering because we do not know what to do to alleviate it; the discomfort is rooted in our own helplessness. Though we may not be able to heal the body, friendship and the willingness to help or listen will heal the spirit. When we concentrate on the person and not the disability, time replaces discomfort and fear with understanding and acceptance.

What can I say to help disabled persons feel better?

Many disabled persons seek the help of the clergy because the health care system, while it can provide treatment and information, cannot provide answers to the real issues of life. For many, the pain that goes with the search for meaning is as difficult to live with as the disability itself. Some disabled persons believe they are being "punished" by God for some sin. Others may try to "punish God" by abandoning their faith in anger. The clergy can become lightning rods for strong feelings of pain and frustration. Ministers should avoid such statements as "God has a plan" and "Things will work out OK," unless they have good reason to think such statements will be helpful to disabled individuals, not merely serving to alleviate their immediate anxieties. Instead, ministers should be supportive and willing to listen.

Are counseling approaches different with disabled persons?

The answer is both yes and no. People with disabilities have the same concerns and emotional needs as everyone else—to love and be loved, to be successful, to feel secure, and to find the answers to the deep issues of life. But society's views and attitudes about disabilities can make finding solutions difficult. Thus, the clergy will generally find people with disabilities needing assistance because they have the same genuine concerns as others seeking help.

But some disabilities do require special knowledge on the part of a counselor. In cases of retardation and other intellectual impairments, responses to the client should be short and to the point. Ending a session with repetition of

action steps is helpful. If the client is deaf and uses American Sign Language (ASL) as the primary language, a certified interpreter or minister who uses ASL is recommended. If the counselor is not certain that the client is understanding what is being said, he or she should ask the client. Remember that in all quality relationships good communiation takes time and openness.

In any counseling relationship, a good first step is recognizing the reality of the presented problem and communicating understanding. Communicating a willingness to understand the impact of a disability is a good second step. It is particularly important with disabled persons for the counselor to learn, as much as possible, to see the world through the eyes of the client. Be alert to what the client is really struggling with; it may not be related to the disability. Take time to be "present" and, as in all counseling relationships, respect the right to confidentiality.

Do all disabled persons need counseling?

Certainly not! One simply cannot assume that how well an individual copes with life is tied directly to a disability. Many people with disabilities lead full and happy lives, neither viewing themselves as handicapped nor as needing special support. A very useful rule of thumb is: Help a disabled person when asked or when you see an obvious need for assistance.

What about the counseling needs of the family?

The genuine needs of a disabled family member can put a family under great stress. The birth of a developmentally disabled child or the acquisition of a disability during childhood marks the beginning of a lifetime of confusion and sometimes despair. Some parents feel a vague sense of guilt, either because they feel responsible for their child's suffering or because they get angry at the child. They may feel ashamed of the child or inadequate because they cannot properly care for it. Overprotectiveness—of which mothers especially are accused—may arise from a natural desire to protect the child from hurt and occasionally to compensate for conscious or unconscious feelings of anger.

Parents need support as they struggle to find the right resources and decide on complex issues of care. The stress of uncertainty about the right thing to do can put considerable strain on a marriage, and the tremendous time given the disabled child can cause even the most mature brothers and sisters to feel neglected and insecure.

But parents are not the only ones who have to cope with loved ones who are disabled. Spouses have special problems as well. They must continually struggle to balance their responsibilities toward their spouses with their responsibilities to themselves, their jobs, and often their children. Money, especially the burden of lifetime medical costs, can be a constant worry. In cases where independent living is impossible, all family members face the issue of where the disabled person will live after the death of a parent or spouse.

Parents may need particular help with discipline. If a disabled child is to develop into a mentally healthy adult, he or she must learn to take responsibility for self and others, to share, to profit from mistakes, and to assume the consequences of behavior.

But if the minister/counselor determines that the disabled person's emotional problems are beyond his or her training, it may be useful to work with a licensed mental health professional who has expertise or a specialization in disabilities. One form of valuable support is the self-help group. Sometimes independent living centers or associations for specific disabilities sponsor such groups. Local mental health associations or state departments of rehabilitation may have information about groups in one's locality.

In addition to needing emotional support, families and disabled individuals may need help in finding appropriate community services. The clergy can be particularly helpful in pointing them in the right direction, in serving as advocates for the rights and services they require, and in understanding each family's unique situation.

What else can I do to learn?

Talk to disabled persons themselves, attend their support groups, and volunteer to serve on local boards. God has a purpose in all things. You can play an active role in helping someone, who happens to be disabled, to find his or her unique gift to life.

Full participation in the life of the church is the right of all persons—disabled or able bodied.

ACCESS FOR PERSONS WITH HANDICAPS

Bruce O. Boston

When Jesus said, "Come unto me all ye that labor and are heavy laden," he didn't add, "unless, of course, your problem creates an inconvenience for me to deal with."

Yet the lack of accessibility of most churches to persons with handicapping conditions prevents them from taking full advantage of the full ministry of the Gospel to them as whole persons.

Every congregation can expect to have 25 percent of its members handicapped in some way during their lifetime. They may need wheelchairs or crutches, suffer hearing or vision losses, or have their mobility impaired. But if we try to see the church through a window framed by their needs, we can do much to open both the church building and the church community to the fullness which is theirs in the faith. So, let's "go to church" with these special members of the congregation and see what we can learn.

Arrival

Coming to a church where there are no parking spaces reserved for disabled people may mean a long, inconvenient, and possibly dangerous walk to the building. If disabled parishioners have to cross a street from the parking area to the building or if there is only street parking, the walkways they use should be level, curb-ramped, and well-marked. The church's primary entrance should be accessible, or a special entryway should be provided. Stairs should be ramped, have handrails on both sides, have nonslip surfaces, and be well lit.

Doors and Corridors

Entry doors should be 36–38 inches wide and should swing out without conflict to wheelchairs. Vertical handles are best. Door sills should be blunt. Because it takes 54 inches to turn a wheelchair, corridors should be at least 72 inches wide. Doors and corridors should be well lit.

Seating

Wheelchairs in aisles can create a problem, so one or more pews can be repositioned or shortened to accommodate a wheelchair in front of the chancel or at the end of the pew. There should be about three such spaces per 100 seats. Ushers should be alerted to those parishoners with hearing impairments so they can be seated toward the front. Floors should be nonslip and nonglare; carpet pile should be low. If necessary, a ramp up to the chancel can be provided to allow disabled parishioners access to the Lord's Table.

Sensory Aids

Most large sanctuaries have sound systems, but they may have dead spots that need attention. Smaller meeting rooms can be equipped with portable systems to aid the hearing impaired. Individual stations equipped with earphone devices can be conveniently situated throughout the congregation, and signing for the deaf can become a significant ministry for someone in the congregation.

Those with vision problems will benefit from large print versions of the bulletin (18 pt. or larger), the hymnbook, and Bibles or Prayer Books. Ushers should get to know parishioners with these special needs.

Rest Rooms

At least one rest room per sex should be accessible on each floor of the building with a 32-inch clear opening. Each of the rest rooms should have a 42-inch by 42-inch stall, with handrails mounted 33 inches above the floor. Faucets should be color-coded (red=hot, blue=cold), and there should be a full-length mirror. Stalls should have either slide curtains or swing out doors.

Signs, Lighting, Alarms, and Phones

Areas and facilities designed for use by handicapped people should be clearly identified by signs and be well lit; clear directions to them should be provided. Auditory safety alarms should be augmented with flashing lights, and emergency exits should be clearly marked. A TTY phone should be considered for persons with greatly impaired hearing, and there should be unobstructed access to public phones. If an accessible phone is provided, it should be a touch tone instrument about 40 inches from the floor, with a long cord.

Hope Lutheran Church, in Annandale, Virginia displays the international symbol of the handicapped, indicating its accessibility and concern for persons with disabilities.

RESOURCES

PUBLICATIONS

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ORGANIZATIONS

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Office of Special Education and Rehabilitative Services
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The Healing Community
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ON HANDICAPS (E.A.C.H.), INC.